CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS
JANUARY 19 and 20, 2006
TOWN AND COUNTRY RESORT, SAN DIEGO

Planning Council Members Present

Beverly Abbott	Renee Becker	Jorin Bukosky
Adrienne Cedro Hament	Lana Fraser	George Fry
Mike Greenlaw	Karen Hart	Joan Hirose
Celeste Hunter	Diane Koditek	Carmen Lee
Susan Mandel, PhD	Barbara Mitchell	Joe Mortz
Dale Mueller, EdD, RN	Jonathan Nibbio	Susan Nisenbaum
Darlene Prettyman, MHSOAC Liaison	Bettye Randle	John Ryan
Daphne Shaw	Walter Shwe	Allison Smith
Stephanie Thal, MFT	Edward Walker, LCSW	Barbara Yates, MD

Staff Present

Ann Arneill-Py, PhD
Beverly Whitcomb
Brian Keefer
Cindy Walker
Connie Lira
Tracy Thompson
Nancy Stoltz
Mary Parker

Thursday, January 19, 2006

Ed Walker, Chairperson, noting that a quorum was present, convened the meeting at 1:00 p.m.

Presentation on Addressing Disparities and Cultural Competence in the CSS Plans

Rachel Guerrero, Chief, Office of Multicultural Services, Department of Mental Health (DMH), gave a presentation on Addressing Disparities and Cultural Competence in the Community Services and Supports (CSS) Plans. She noted that her report represents a preliminary review of how CSS plans addressed cultural competence in the provision of services and community-based training. Sergio Aguilar-Gaxiola, M.D., PhD, Director of the Center for Reducing Health Disparities at the University of California Davis School of Medicine, addressed the disparities in access to care and quality of care in the health and mental health systems. Dr. Aguilar-Gaxiola's power point presentation is included as Attachment A.

Comments/Questions and Answers

- Comment: A suggestion was made that the CMHPC provide technical assistance to the State DMH on developing a consistent understanding of cultural competence.

- Comment: The State needs to improve access and quality of services to all persons with serious mental illness. In addition, the lack of health insurance among minority populations is a huge problem in California.
- Arneill-Py suggested that the CMHPC can, through its Quality Improvement Committee (QIC), further the agenda of decreasing disparities and improving culturally competent care. The QIC will be working on a project over the next six months to produce a workbook that mental health boards will use to interpret local performance indicators. The CMHPC will be forming a technical advisory committee to assist in this endeavor. The CMHPC will also be asking a series of questions for mental health boards to consider in analyzing performance indicators. This analysis would result in a greater understanding of the reasons behind ethnic disparities and assist with the development of solutions.
- Comment: We need to look at of all those persons who are severely and persistently mentally ill in each county and determine the discrepancy of how many people are actually getting care.
- Question: How will cultural backgrounds and views of mental health be addressed because that affects a great deal of the penetration rates? Answer: Dr. Aguilar-Gaxiola indicated that good insight is needed into what those attitudes and beliefs are. The three most important issues, and these apply to all populations, are relevance, access to care, and quality of care. The public does not have a good perception of mental illness. The DMH needs to look at the job it has done in making mental illness visible. Strategies are, for the most part, not working well.
- Ed Walker indicated that the Planning Council will take these issues back to the Executive Committee to address.

Perspectives on MHSA Planning Process

Michael Horn, MFT, Director, Imperial County Behavioral Health; Harold Walk, Imperial County Mental Health Board (MHB); and Amelia Rosas-Carlos, MHSA Manager, provided a summary on Imperial County's local MHSA planning process. Ms. Rosas-Carlos provided the following perspective:

- The major priority was to have meaningful involvement from consumers, family members, and stakeholders from diverse ethnicities and neighborhoods.
- Thirty-nine focus groups were conducted in the community with specific groups, including seasonal farm workers, the gay and lesbian community, African American community, parents of probationary youth, transitional age youth, and the Quechan Indian Tribe. The purpose was to incorporate as many different groups into the planning process. The Culturally Competency Task Force assisted Imperial County in accessing these groups.
- Imperial County engaged community leaders to co-facilitate focus groups and to reach out to certain communities. Some of the engagement strategies included providing translation services in Spanish since the majority of Imperial County's population is Latino. Translation devices and one-on-one translation was also provided for those who requested it.
- To get meaningful involvement from the community, Imperial County conducted informal focus groups, especially in the Spanish-speaking community to encourage their input.

Imperial County used newspapers and radio, both in Spanish and English, to advertise all MHSA activities

- Stipends, mileage reimbursement, childcare reimbursement, and meals were offered to consumers and family members. The county accessed consumer involvement through its recovery center.

- Stakeholder workgroups reviewed all the data collected from the community. The workgroups were made up of community members, consumers, family members, and various local agencies.

- The following three questions were asked of the focus groups: 1) What are barriers in accessing mental health services? 2) What are the issues that occur in your neighborhood due to untreated mental illness? 3) What services and supports are needed? Some of the biggest barriers included stigma, shame, fear of mental health treatment, and a lack of awareness and belief that wellness and recovery is possible. Also, consumers and family members expressed the need to be treated with dignity and respect.

Michael Horn, MFT, Director, provided the following perspective:

- Imperial County has had one of the highest unemployment rates in the nation. One-half of the adult population does not have a high school diploma. Imperial County has a large Native American reservation. About 80 percent of the population is Hispanic. About twenty-five percent of the county does not speak English. Socioeconomic issues in the county include poverty, immigration, and a lack of funds to provide mental health services across the county. Stigma and mis-beliefs about what the mental health system has to offer those individuals who may need services are major issues. Two primary reasons people are afraid of the mental health system: 1) historically the mental health system has been used as a hammer against people either through the criminal justice system or the civil commitment process; 2) a bias exists against people who use the system.

Harold Walk, Chair, Imperial County MHB, reported the following:

- The MHB worked closely with the director and staff to ensure everything was covered in the MHSA and to determine the need for services. The MHB continues to work on outreach to the community to address the need.

Alfredo Aguirre, LCSW, Acting Director, San Diego County Mental Health, and Mike Matthews, Chair, San Diego County Mental Health Board, provided a summary of San Diego County's MHSA planning process. A copy of the Executive Summary of San Diego's CSS Plan is included as Attachment B.

Mike Matthews provided the following summary:

- The MHB was responsible for having public hearings, public forums, and for overseeing Proposition 63 as it is interpreted and implemented within a local county. Judith Yates, Chair of the Mental Health Board, guided the board through the process.

- The gap analysis is something that the MHB was not extremely familiar with; however, that changed, and the MHB finally understood what gap analysis meant. For example, it meant that older adults are not getting services and transitional age youth needed help.

- Gathering data from the vast array of people in San Diego was a daunting task. Community forums and focus groups were held. Many focus groups were conducted with specific populations that do not traditionally come to regular focus groups, such as board and care residents. The MHB members were the moderators for the forums and focus groups. The MHB worked closely with county staff.

Aguirre reported some of the challenges of the MHSA itself included:

- A major challenge was that the MHSA called for a very involved stakeholder process, bringing new voices to the table, people that typically were not part of San Diego's stakeholder process in the past, while at the same time emphasizing the need to provide services to the target populations, which includes persons with serious mental illness and children and youth with serious emotional disorders. Part of the process included getting input about what the MHSA should address but also input about the system in general, from mental health, child welfare, criminal justice, so it was not just mental health that learned about what the system is doing or not doing but other parts of the county system as well.

- Consumer members felt San Diego did not do enough to involve consumers in the system itself.

- The county worked with the State's data in arriving at a formula. San Diego was also fortunate to have good local data to get a better handle on arriving at the un-served and underserved communities within each age group. For example, Latino and Asian youth were identified as having gaps in services.

- How the county defined underserved did not address the qualitative issues that suggest whether certain groups are served appropriately. It did not allow for a process to look at the outcomes. The county does not have data that is broken down effectively enough to really look at outcome data for specific ethnic groups that would indicate the system is not serving a certain population and how to address that through the MHSA. The State needs to look at qualitative data.

- One of the problems San Diego encountered, as required by the MHSA, is the time spent providing a significant educational presentation about mental health, and there were complaints that the county was talking down to these community forums, and it was too didactic and leveled too much information on different community groups. Some of the other counties did it differently and San Diego learned from that.

- The Cross Threading Workgroup brought together representatives from different age groups and prioritized their recommendations to determine where to allocate dollars to address the needs of the community and forwarded those recommendations to the mental health administration.

Questions and Answers

- Question: How are services provided to undocumented persons, and specifically, undocumented homeless persons? Answer: Imperial County provides services to people that show up at its clinics and does not look at whether they are undocumented or not. Imperial County has a close relationship with Mexicali.

- Question: How is line staff accepting the changes that are going to come about with the hiring of the family members and consumers? Is there any resistance? Answer: In San

Diego, through its clinical staff association, county line workers were involved in the workgroups and certainly their input was important. County employees were exempt from the conflict of interest and have been involved in the recovery-based rehabilitation model so they have been out in front with this movement. They welcome it and certainly see the need. In Imperial County, Ms. Rosas stated it was so effective to have consumers and family members as part of the training and focus group process because they were able to share their struggles and challenges and that was very powerful. Imperial County has a mandated client culture training in its recovery center and all staff go to that as part of their orientation. Horn stated that Imperial County began hiring consumers about five years ago and there was a tremendous amount of resistance to that to the point where staff refused to attend meetings with them. By implementing a plan where all staff have to start out with an orientation at the recovery center and go through the client culture training have brought about some real changes in that.

- Question: How have the counties identified the need, and specifically targeting the strategies, to address cultural disparities? Answer: In its statements of work, San Diego laid out some parameters for the contractors who are going to be bidding on this to tell us how they are going to reach out to these communities. The county did not want to overly prescribe those strategies but did report the gaps, the history of lack of access, and asked what strategies they are going to employ to improve access to care to address cultural disparities. The consumer-based programs, like the clubhouses, also are serving diverse populations. The challenge to them is how to make services more available to a more diverse community. The contractors will provide their ideas to San Diego County. Imperial County stakeholder workgroups were the ones that went through the data and provided recommendations and were limited to local data, but they did look at disparity data. They also looked at Evidence Based Practices that could address those strategies for particular ethnic groups and provide recommendations.

- Question: What disparity did Imperial County identify through its needs assessment? Answer: Imperial County identified many disparities within its needs assessment, but definitely identified that the Latino population is underserved in contrast to the population of the county.

Approval of the Minutes of the October 2005 Meeting

Minutes of the October 2005 Planning Council meeting were approved as submitted. Barbara Mitchell and Allison Smith abstained. Joan Hirose requested that on page seven of the October 20 and 21, 2005, meeting minutes that the name Kathy Jag be changed to Kathy Jett.

Approval of the Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the minutes of the Executive Committee for further details.

Barbara Yates noted that she was in attendance at the October 2005 Executive Committee meeting. Yates also noted that during the October Executive Committee meeting, there was a discussion about nominees for chair elect, and the Executive Committee adopted language for the Operating Policies and Procedures that it is "recommended" that have served as chair, etc., not "must" have served as chair, etc. Staff will make the changes to the October meeting highlights.

Ed Walker adjourned the meeting at 4:35 p.m.

Friday, January 20, 2006

Ed Walker, Chairperson, noting that a quorum was present, convened the meeting at 8:35 a.m.

Election of Chair-Elect

The Planning Council approved the following motion with Barbara Yates and Allison Smith abstaining:

> The Planning Council approves the nomination of Walter Shwe as Chair Elect for 2006.

The Planning Council expressed its appreciation to Ed Walker for the excellent job he has done as Chair. Bev Abbott assumes the role of Chair following the January meeting.

Report from the California Mental Health Directors Association

Diane Koditek reported on the following California Mental Health Directors Association (CMHDA) activities:

- CMHDA plans to work with the Governor's Office and the Legislature on ideas for reforming the AB 3632 program. The issue of a categorical program is still very much on the table. It remains unclear how this would work and what role the counties would have and which state agency would be responsible for administering the program. The CMHDA has developed a list of guiding principles and will continue its work on this issue through the current legislative process and report back to the Planning Council.

- Approximately 32 counties have submitted their CSS Plans and about 11 counties have had their plans reviewed. Although a few counties have been given a preliminary verbal approval, no counties as of last week have received a final letter of approval from the State. Some of the smallest counties are struggling more with the planning process. The CIMH, with some funding from the DMH, is working closely with small counties to provide them with technical assistance to be successful with the local planning process. The CMHDA members continue to be somewhat anxious about the next steps in implementing MHSA, in particular what the guidelines and rules will be with regard to Capital Facilities, Information Technology, and Education and Training.

- The CMHDA has been working closely with the DMH and CMHS on addressing concerns related to the implementation of Medicare Part D for dual eligibles. Erin Riggs from the CMHDA has taken a lead role in that process.

- Last, but not least, counties are concerned about the current lengthy delay in Medi-Cal payments from the State. The State owes counties over $200 million in back payments and some county's cash flow is becoming perilously low. In communications with the DMH, they are working hard on fixing the problem, but the counties have not received the payments.

Questions and Answers

- Question: What is the status of unpaid state mandated cost claims? Answer: Koditek will provide that information at the next Planning Council meeting.

Report from the Department of Mental Health

Stephen Mayberg, PhD, Director, Department of Mental Health, provided a report on the activities of the DMH.

National Issues

- The implementation of the Pharmacy benefit in Medicare Part D has been a disaster for persons in the system that are dual eligible. The Governor declared a state of emergency, and California is now letting all of its dual eligibles get their medication with Medi-Cal at a cost of about $150 million. Negotiations with the federal government are happening, but Mayberg does not foresee an easy solution.

- Reconciliation of Medicaid. The cuts are less significant than originally thought, but it is not a done deal. There are some questions about EPSDT and whether or not that is as broad an entitlement as it has been.

State Budget Issues

- The payments for EPSDT were switched from the Health Medi-Cal budget into the Mental Health budget, which adds about $1 billion to the Mental Health budget. In the past, these funds were listed as revenue and now they are listed as a General Fund expenditure.

- A $50 million placeholder is in the budget and a desire on the part of the Administration to ensure that youth keep getting services under the AB 3632 program. The Administration is looking at ways to make this a categorical program, how to make it cost-efficient, and how to make it a collaborative program with education and mental health with shared accountability and outcomes. The hope is to get this issue resolved and have a recommendation by the May Revise.

- The budget includes about $40 million in new money to enhance services at the state hospitals. State hospitals have been criticized about the quality of care and the safety and security of staff and individuals in the state hospitals.

- Ninety percent of the state hospital population comes from the criminal justice system. This population is increasingly violent with more co-occurring issues, more gang affiliations, and issues that have started in the community and move to the institutions. What complicates that is the move to a recovery model in the state hospitals. It is a difficult transition because the recovery model works very well with persons who have mental illness, but does not work very well with persons who have Axis II or character disorders.

- The workforce shortage is a huge issue in California. State hospitals run at a high vacancy rate with nursing positions being the most difficult to fill. Currently, in some hospitals the vacancy rate is at 19 percent, which results in staff working overtime or mandatory overtime. The workforce crisis has been exacerbated by a federal court decision in December that ordered a 20 percent raise, effective immediately, for nurses and physicians in the correction's system. This will create an impending crisis of a sudden exodus of mental health staff leaving to work in Corrections for higher salaries. The DMH now has 350 people deemed incompetent to stand trial by the courts on waiting lists for beds, which is creating a crisis in county jails. The DMH has a 105 to 110 percent occupancy in forensic beds.

- Five hundred people, in a state of 35 million, are civilly committed to state hospitals. In a sense, the State has almost totally deinstitutionalized civil commitments. As of yesterday, Metropolitan State Hospital had 25 children in its children's unit, and the question becomes whether that is a viable number to keep a program going or should it be closed. The

problem is that once a program is closed that safety net is lost, and without acute care beds available these youth could end up out of state. Mayberg would appreciate the Planning Council's feedback about some of these issues.

- EPSDT continues to have a lot of prominence because there is a lot of money in it, but the growth curves that used to be at 30 to 20 percent are now down to a more reasonable five to eight percent growth, and Mayberg attributes that to a possible combination of how counties are managing care and how counties are billing for services.

MHSA Issues

- The DMH has reviewed 11 of the 32 CSS plans that have been received. The first approval letter went out to Stanislaus County who submitted an excellent proposal. Some of the smaller counties are going to need technical assistance in developing their CSS Plans.
- The DMH has completed the recruitment and interviews for the CEA for Education and Training. It is also finishing the review of applications for the CEA for Prevention and Early Intervention.
- The next component will be Education and Training. Much of the workforce analysis that the Planning Council has done is really the grounds for the 5-year plan and will go ahead and use that to move forward. Mayberg would like to rapidly engage a strategy to have consumers available to participate in the workforce and give support to families. Peer and family supports are really critical.
- Mayberg expressed excitement about revitalizing the co-occurring disorders, the substance abuse and mental health interface. The Co-Occurring Joint Advisory Committee (COJAC) is looking at collaborative ways to deal with an ever increasing problem of co-occurring disorders, and Mayberg is pleased that the relationship between the DMH and Department of Alcohol and Drug Programs is very strong with a much more uniform vision.

Other Issues

- Mayberg did not finish in time to do the final screening to fill the vacancies on the Planning Council. The candidates are very good. Mayberg expressed appreciation for the Planning Council's recruitment efforts for the family member and consumer slots and getting the DMH a broad candidate pool to meet some of the geographic and ethnic diversity issues.

Comments/Question and Answers

- Question: Is Metropolitan State Hospital going to open the school program? Answer: DMH put a hold on construction of the school. It makes no sense in investing all that money in capital if it is a diminishing program.
- Question: There is a nursing staff crisis, and we need to create more supply. The crisis is in the pipeline strategy. What can we look at to alleviate the crisis? Answer: The pipeline is a huge issue. Nursing programs are filled so even if someone wants to get into a program they are unable. Mayberg welcomes the recommendations and responses from the Planning Council.
- Question: One of the possible strategies, in terms of development of community facilities to alleviate getting some people out of IMDs and being able to take more people out of the state hospitals, is more development of social rehabilitation facilities, however, providers site

licensing problems with Community Care Licensing (CCL). There is interest in trying to move the licensure out of CCL to the DMH. DMH has not been very open to the idea of moving licensure of social rehabilitation facilities to DMH. Will the DMH reconsider this? Answer: Mayberg stated licensing is an issue, but the DMH has enough problems in its licensing and certification with an ever-increasing number of incidents that we are starting to investigate. The DMH categorizes every incident by high, medium, and low, but the things in medium and low are sometimes waiting six months to a year. To take on this level of responsibility would require a considerable increase in the DMH licensing and certification staff. A commitment by the Health and Human Services Agency has been made to begin looking at all licensing issues and to begin to coordinate and consolidate some of those functions and determine ways to be more responsive. The Departments of Mental Health, Alcohol and Drug Programs, Social Services, Health Services, and Aging, are meeting on a regular basis to look at these issues and develop some strategies.

- Comment: A request was made that Dr. Mayberg consider a transitional age youth for appointment to the Planning Council, as it is such a left out population and they have so much to offer. Dr. Mayberg indicated that he will give consideration to appointing a transition age youth to the Planning Council.

- Question: What is the status of using Proposition 63 funds for a housing bond? Answer: The MHSOAC is looking at the concept of a bond to use some Proposition 63 dollars that could then leverage more money from tax credits, low interest loans, and from special need loans. The Governor's $60 million proposal for supportive housing is a good model. Agencies are meeting in the Governor's Office to explore these issues but there are several legal issues to overcome. The two legal issues are: There is not specific authority in Proposition 63 to bond so there would need to be some statutory clarification. The bigger issue has to do with constitutional debt limits passed by the voters, which is considered part of indebtedness because the money comes from income tax, which is part of the debt limit. If those legal issues are resolved there is a terrific opportunity to use some Proposition 63 money for bonds to increase affordable housing for persons in the mental health system.

Report from the California Association of Local Mental Health Boards and Commissions (CALMHBC)

Cary Martin, President, provided the following report on the activities of the CALMHBC:

- Training is important to the Mental Health Boards (MHB) to carry out its charge. That charge is outlined in Welfare and Institutions Code Section 5604. Martin regards the duties and responsibilities enumerated in this section as very significant to the citizens of California.

- The duties of the CALMHBC are done without an office or staff. The purpose of the CALMHBC is to assist local mental health boards and commissions carry out their mandated functions, to advocate at the state level as a united voice for mental health board and commission concerns, and to promote improvement of the quality, quantity, and cultural competency of mental health services deliverable to the people of California.

- Dr. Mayberg approved a budget augmentation last year, and Martin expressed his appreciation to Dr. Mayberg. To assist local MHBs, the CALMHBC developed a standardized form to facilitate reporting of the mandated site visits. That form is accessible from the CALMHBC's Yahoo group site. The CD, Board 101, has been updated to include MHSA information and is also available.

- While local members have devoted exceptional time and energy to the MHSA, the growth of the CALMHBC is at its historical zenith with 43 members. The CALMHBC is actively seeking logistical support for a brick and mortar office location with staffing.

Public Comment

James Diego Rogers, Clinical Psychologist in San Diego, and Board President for the California Association of Social Rehabilitation Agencies (CASRA), provided the following testimony:

- The first item for comment is a recommendation from CASRA that counties be encouraged to develop acute diversion programs, also known as crisis residential treatment programs (see Attachment C-1). In San Diego, crisis residential programs have been operating with the first one opening in 1980. There are also some crisis residential programs throughout the State of California, mainly in the Bay Area, but it would be nice to see more of them spread throughout the State.

- The second item for comment is a petition for change in regulation on behalf of CASRA (see Attachment C-2). Mr. Diego stated that adding the designation of Certified Psychiatric Rehabilitation Practitioner (CPRP) to the current regulatory definition describing a Mental Health Rehabilitation Specialist (MHRS) in Title 9 would also open the doors to more readily being able to hire consumers and families as practitioners, as well as open the doors to hire more ethnically diverse workforce members who may not come from more traditional university or graduate programs. Throughout the nation there have been several other states that have already adopted the CPRP under the MHRS category and that also facilitates the Short-Doyle Medi-Cal Rehabilitation Option billing categories.

Dean Porter, M.S., National Certified Counselor, California Coalition for Counselor Licensure
Jan Cummings, M.S., National Certified Counselor, California Coalition for Counselor Licensure.
The California Coalition for Counselor Licensure (CCCL) consists of 12 professional counseling associations in California who have come together to sponsor AB 894 to license professional counselors.

- Ms. Porter stated that while the CCCL recognizes that the CMHPC's policy is to remain neutral on licensing legislation, the CCCL would like to briefly share what it is doing because additional licensed counselors could contribute to the mental health workforce shortages in the State. The CCCL compared the educational requirements, the exam requirements, the supervised experience requirements, and the scope of practice. The CCCL feels that the standards for licensed professional counselors are comparable to those of Marriage Family Therapists and Licensed Clinical Social Workers who are already licensed in the State. AB 894 was introduced almost a year ago and has cleared the Assembly Business and Professions Committee and, as of yesterday, is stalled in the Assembly Appropriations Committee.

- Ms. Cummings would also like to connect with the Planning Council's Human Resources Committee. CCCL became familiar with a UCSF study entitled, "Mental Health Workforce – Who's Meeting California Needs," which reinforced the CCCL's position with its constituency that if counselors had the additional career choice of getting licensed suggesting that it would provide another viable pool for recruitment in the public mental health system. Counselors have a core education, but there are additional tracks, such as gerontology, rehabilitation, substance abuse, and forensic criminal activity. However, these tracks are not

eligible for licensure. The CCCL believes these tracks to be comparable and wishes to continue working with the Planning Council on this issue.

Comments

- Barbara Yates noted that the Planning Council does not take positions on scope of practice issues.
- This issue came before the DMH and the Human Resources Committee, and a discussion with the CCCL took place. Staff informed them that the CMHPC would remain neutral and suggested to them that if the legislation passes then the Human Resources Committee would meet with them about how to include themselves as a viable occupation in California's public mental health system.
- Walker recommended that this issue be referred to the Human Resources Committee for evaluation.

Hank Lee, Sacramento County Mental Health Board and Family Member

- Mr. Lee referenced the official response on Sacramento County's final CSS Plan from the Sacramento County Mental Health Board (MHB) to the Director of Mental Health (see Attachment D-1) and a power point presentation, which was presented to the Sacramento County Board of Supervisors on 1/17/06 (see Attachment D-2). The power point provides the MHB's findings. The MHB reviewed 143 proposals. The first finding is to recommend approval of all six projects. In the second finding, the MHB recommends not funding the $500,000 project dedicated for law enforcement salaries in the MHSA, which is the Psychiatric Emergency Response Teams (PERT). The second page of the power point indicates that Sacramento County, which is about the eighth largest county, only got about $9.62 million. After taking away 15 percent for administrative costs, that leaves only about $8.22 million for six projects. The first proposal that came out in October had a PERT proposal of about $3.5 million, and typically the mental health portion would be $1.5 million and $2 million for law enforcement, which totals $3.5 million. That would require a cut of $3.5 million from the original six proposals. The MHB did not agree with law enforcement's proposal. Law enforcement originally indicated it would not pay and that mental health should fund the entire project. The resulting cost would have been about 40 percent of the budget. At the end of November, law enforcement came out with a revised proposal. These projects were approved based on need and not necessarily on funding. Lee suggested that the Planning Council review this issue and recommended having San Diego and Los Angeles Counties report on their planning process and how they are funding projects at the April meeting.

Steve Leoni, Client and Advocate, San Francisco

- Mr. Leoni is concerned about Medi-Cal claiming. Medi-Cal rules are more liberal than most people realize. Leoni learned this via the CIMH training, etc. Leoni urged the DMH and the Planning Council to get that information out there and investigate the possibilities of pushing that envelope further in terms of bringing in greater liberalization of billing for Medi-Cal than the State is currently utilizing. Leoni is not advocating for an MHSA that is driven by Medi-Cal reimbursements but is talking about having the MHSA transformational philosophies imported into Medi-Cal. Also, positive outcomes may allow for some ammunition for the State to seek a waiver from the federal government on this as well.

Amy Cross, Mental Health Case Management Clinician, provided testimony, which is included as Attachment E.

Presentation on the Governor's Initiative to End Chronic Homelessness

Michael Oprendek, MHSA Team Member, Department of Mental Health, Carol Goodman, Multifamily Loan Officer, California Housing Finance Agency, and Mike Greenlaw, Multifamily Housing Program, Department of Housing and Community Development, gave presentations on the Governor's Initiative to End Chronic Homelessness, which is included as Attachment E.

Committee Action Items

Due to time constraints, the Planning Council decided that committee action items could be e-mailed to members for review and approval.

New Business

- John Ryan brought up the MHSA law enforcement issue brought forth by Sacramento County and recommended that the CMHPC discuss some options to respond to these issues. Ed Walker suggested adding this issue to the next leadership conference call for discussion. The CMHPC could review the letters to the Attorney General's Office sent by the CMHPC and the DMH. Whitcomb will e-mail the copy of the above letters to the CMHPC members.
- Barbara Yates requested revisiting the Licensed Professional Counselor issue. Yates appreciated Keefer's response that if the bill passes then the Planning Council could put effort into looking for potential workers, but she feels that before it is passed that the Planning Council should not get involved. The Human Resources Committee has many projects on its plate right now, such as putting more emphasis on nursing issues, and suggested not expending its resources on trying to explore another complicated issue.
- Joe Mortz feels that the Planning Council should look at the service provider needs in the State, which are overwhelming, and see if this might be a tool that could help meet those needs and educate ourselves with that non-guild type of data.
- Adrienne Cedro Hament suggested that leadership look at the role of the Planning Council on cultural competency issues.

The meeting was adjourned at 12:35 p.m.

Respectfully submitted,

Cindy Walker
Associate Mental Health Specialist